

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050689

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1795 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED 27 64

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Length of stay in 1b <b>13 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Burge Protestant Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>851 N. Glenstone</b>	
3. NAME OF DECEASED (Type or print) First <b>DENNIS</b> Middle <b>ROY</b> Last <b>AHRENDT</b>		4. DATE OF DEATH Month <b>December</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 30, 1941</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In School</b>	
11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Martin Ahrendt</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Simpson</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>Yes</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Katherine Ahrendt</b> Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Stab wound in chest (left posterior)</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>He was stabbed while in an altercation</b>	
20c. TIME OF INJURY Hour <b>2:30 A.M.</b> Month, Day, Year <b>12/14/63</b>		with several men. A inquest was held.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in yard of home</b>	
20f. CITY, TOWN, OR LOCATION <b>Springfield</b>		COUNTY <b>Greene</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <b>2:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ralph H. Thieme</b> (Degree or title) <b>County Coroner</b>		22b. ADDRESS <b>Springfield, Missouri</b>	
22c. DATE SIGNED <b>1/3/64</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 17, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Home, Ark.</b>	23d. LOCATION (City, town, or county) (State) <b>Mt. Home, Arkansas</b>
24. FUNERAL DIRECTOR <b>Gorman-Scharpf Funeral Home, Inc.</b> <b>Springfield, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>1-24-64</b>	26. REGISTRAR'S SIGNATURE <b>Lerner Medley</b>

(Licensed Embalmer's Statement on Reverse Side)

0320200

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RECEIVED  
JAN 27 1964

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewis G. Schaeff  
Signature of Licensed Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

RECEIVED